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CONFIRMATION NO. 8158

<b>SERIAL NUMBER</b> 10/764,161	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 13024/38629A	
<b>APPLICANTS</b> John McMichael, Delanson, NY; Jean-Frederic Saunier, Cassis, FRANCE;					
<b>** CONTINUING DATA *****</b> <i>N</i> This application is a CIP of 10/349,606 01/23/2003 PAT 6,998,121					
<b>** FOREIGN APPLICATIONS *****</b> <i>N</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/29/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 04743					
<b>TITLE</b> Method of treatment of conditions by administration of streptolysin O					
<b>FILING FEE RECEIVED</b> 865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		